

STATE OF MAINE DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION OFFICE OF LICENSING AND REGISTRATION INDIVIDUAL LICENSE APPLICATION

AP	PLICANT INFORMA	TION (please prin	t)
FULL LEGAL NAME			
ANY OTHER NAMES EVER USED:			
DATE OF BIRTH mm/ dd / yyyy	S	SOCIAL SECURITY N	UMBER
MAILING ADDRESS		300,, 12 02001111111	
CITY	STATE :	ZIP CO	DUNTY
PHONE # ()	FAX # ()	E-MAIL	
NOTE: Failure to disclose criminal	CRIMINAL BACKGROU convictions may result in		sion and/or revocation of a license.
1. Have you ever been convicted by ar	ny court of any crime?	(circle one) NO	YES
If yes, enclose a detailed description of	• • • • •	, , , , , , , , , , , , , , , , , , , ,	, s
Has any jurisdiction taken discipling or denied your application for licens	sure? (circle one)	NO	you hold or have held, YES
If yes, enclose a detailed explanation	<u></u>		
By my signature, I hereby certify that the inform By submitting this application, I affirm that the and that this information is truthful and factual. revocation of my license if this information is for	Office of Licensing and Reg I also understand that san	istration will rely upon th	is information for issuance of my license
SIGNATURE	DA [*]	TE	
Mai Required Fee: \$1	ine Real Estat		
<u>-</u>	Instructions on Pa		Office Use Only:
TYPE OF LICENSE F	REQUESTED (CHECK O	NE)	1421 - \$80.00 2619 - \$21.00
BROKER (BR1421)	Include brokerage summa broker course completion		
ASSOCIATE BROKER (BA1421)	Include EITHER associate completion certificate OR sexamination results.		Check #Amount:
SALES AGENT (SA1421)	Include BOTH sales agent certificate AND sales agen		Cash # Lic. # Issue Date
			Exp. Date
	PAYMENT O	PTIONS:	
Make checks payable to "Maine S			ard or Visa, fill out the following:
NAME OF CARDHOLDER (please print)	FIRST	MIDDLE INITI	AL LAST
I authorize the Department of Professiona	al and Financial Regulation	on, Office of Licensing	and Registration to charge my
☐ VISA ☐ MASTERCARD	the following amount:	: \$	
	XXXX-XXXX-XXXX	·	ration Date mm / yyyy
SIGNATURE		DATE	

MAIN APPLICANT NAME		ESTATE CO					PAGE 2	Т
EDUCATION	complete al	I that apply. High	school diploma	or equivale	ent is requ	iired.		
	1	chool name	State	Year		Degree (Granted	
GED								
HIGH SCHOOL								
COLLEGE								
REAL ESTATE	LICENS	SING HISTO	RY					
Do you <u>now</u> hold OR h Do you <u>now</u> hold OR h	ave you <u>ever</u> ave you <u>ever</u>	held any type of Ma	nine real estate lic cense in any othe	r state or jur		□ NO □ YE		
** If yes to any question a complete the following inf		1	2		3	4	5	
Type of license held								
Licensing State								
License Expiration Dat	e							
Date Suspended/Revo	ked							
WHEREAS I have man provisions of 32 M.R.S WHEREAS, pursuant agreement with the Dir NOW, THEREFORE, I commenced against may reside, by the ser Furthermore, it is here valid and binding as if IN WITNESS WHERE	de application S.A., Chapter 1 to 32 M.R.S.A rector of the R I hereby execute in the properties of any proby stipulated a due service had	for a non-resident 114; and §13193 it is necesteal Estate Commisute and file with the er court of any councess or pleadings and agreed that ser ad been made upor	esary for a non-resision; Director of the Resty in the State of Nauthorized by the vice of the processon me personally w	eal Estate Co Maine in whi laws of the	e applicant ommission ch a cause State of Ma g on the Dii	to file an irrevocab this irrevocable cor of action may arise tine on the Director rector shall be take	ele consent to service ensent that actions ma e or in which the Plain of the Commission.	e ay be ntiff
SIGNATURE				DAT	E			
AG	ENCY AF	FILIATION AN	D DESIGNA	TED BRO	OKER R	ECOMMENDA	ATION	
AGENCY NAME								
AGENCY LICENSE			A	GENCY EX	PIRATIO	N DATE		
DESIGNATED BRO		IE .				_		
DB LICENSE NUME				3 EXPIRAT				
In compliance with 3 reputation for hones estate license.								
DB Signature			Da	ate				
	Check here if	you are the Design	ated Broker's des	-	orint name		r below.	

APPL	MAINE REAL ICANT NAME:	ESTATE COMMISSION LICENSE APPLICATION - PAGE 3 BROKER ASSOCIATE BROKER SALES AGENT
		REFERENCE STATEMENT
	e applicant for a period	e below, I hereby swear that I am not related to the applicant and that I have known I of at least one year. I also attest to the applicant's good reputation for honesty, ing and competency and recommend that the license application be granted.
REFE	ERENCE #1 - FULL LEG	GAL NAME:
Stree	t or PO Box	
City		State & zip
Phon	e number	Email address
Signa	ature	Date
	ERENCE #2 - FULL LEG	GAL NAME:
City		State & zip
Phon	e number	Email address
Signa	ature	Date
	ERENCE #3 - FULL LEG	GAL NAME:
City		State & zip
Phon	e number	Email address
Signa	ature	Date
-	To comply with a request	ent of Housing & Urban Development - Voluntary Information from the US Department of Housing & Urban Development, we are soliciting the following
	information. You	are NOT required to furnish this information, but your cooperation is appreciated.
		Racial/Ethnic Background:
	AFRICAN AMERICAN	Any persons having origins in any of the Black racial groups of Africa (not of Hispanic origin).
	CAUCASIAN	All persons having origins in any of the original people of Europe, North Africa or the Middle East (not of Hispanic origin).
	HISPANIC	Any persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
	ASIAN or PACIFIC ISLANDER	All persons having origin in any of the original peoples of the Far East, Southeast Asia, the Indian Sub-continent or the Pacific Islands. This includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.
	AMERICAN INDIAN or ALASKAN NATIVE	All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.
		Sex: □ Female □ Male

STATE OF MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION - OFFICE OF LICENSING & REGISTRATION

Mailing Address: 35 State House Station, Augusta, Maine 04333 Courier/Delivery address: 122 Northern Avenue, Gardiner, Maine 04345

Phone: (207) 624-8603 Fax: (207) 624-8637 Hearing Impaired: (888) 577-6690 web: www.maine.gov/professionallicensing

Frequently Asked Questions:

- Where do I send my application? Our mailing address is 35 State House Station, Augusta, Maine 04333-0035
- Where are you located? 122 Northern Avenue, Gardiner, Maine.
- What hours are you open? 8:00 AM to 5:00 PM weekdays
- Can I come to Gardiner to drop off my application? Yes. You will not leave with a license, though.
- Can I come to Gardiner to pick up my license? No. Your license will be mailed to you.
- How long does it take to process an application? You can check our website: <u>www.maine.gov/professionallicensing</u>. Your license will show up as PENDING at first; as soon as your status is ACTIVE you are authorized to practice.
- How far back do I go answering the criminal question? Any conviction, ever.

	NOTES REGARDING PARTICULAR REAL ESTATE LICENSE TYPES:
Sales Agent	You must apply for licensure within one year of passing the Sales Agent Exam.
Associate Broker	If you qualified for your Sales Agent license by passing the state sales agent exam, you must include your original Associate Broker course completion certificate with this application.
	If you qualified for your Sales Agent license by passing the Introduction to Real Estate Course, you must include your original Pearson VUE (formerly known as Promissor) Sales Agent Examination results with this application.
Broker	You must have one year of full time experience as an Associate Broker immediately preceding your application date. Submit original certificate of completion for the Designated Broker course and a Brokerage Activity Report documenting your experience the year preceding your application.
Reciprocal Candidate or former licensees	You must apply for a license within one year of passing the Maine Law Examination. Submit your original Maine Law Examination results with this application. You must also include original certificates of good standing from any jurisdiction where you hold or have held a real estate license. These certificates must be less than thirty days old.

NOTICES

BACKGROUND CHECK: Pursuant to 5 M.R.S.A. §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration requires a criminal history records check as part of the application process for all applicants.

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

SOCIAL SECURITY NUMBER: The following statement is made pursuant to the Privacy Act of 1974 (§7(B)). Disclosure of your Social Security Number Is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 35 MRSA §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(1)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRSA §191.

Before you seal the envelope, did you:

- Complete every item on the application (incomplete applications may be returned)
- Answer the criminal background disclosure questions
- Sign and date your application
- Include correct amount (payable to Maine State Treasurer) or credit card information (plus signature)
- Include any required transcripts or exam results
- Make a copy of your application to keep for your records
- DO NOT SEND CASH.

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